

EDER BROS., INC. NEW ACCOUNT APPLICATION

11 Eder Road, West Haven 06516 Tel: 203.934.8381 In State Only: 800.637.3628 Fax: 203.932.2492

, (hereinafter referred to as the

Salesperson:	Account No:	Date:	
Trade Name:	Email Address:		
Premises Address:	City:	Zip Code:	
Previous Account Name:			
Previous Address:	City:	Zip Code:	
Type of Outlet:	Permit No:		
Permittee:	Permit Type:		
Business Phone:	Anticipated Monthly Purchases in dollars:		

TYPE OF OWNERSHIP

Corporation	□ Partnership	□ Sole Proprietorship	□ Limited Liability Company

BACKER(S) / OWNER(S)

Co-Backer/Partner:] Own 🗌 Rent	
Home Address:		City:	Zip Code:	
Social Security No:	D.O.B.:	Driver's License No:		
Co-Backer/Partner:		🗆 Own 🗆	Rent	
Home Address:		City:	Zip Code:	
Social Security No:	D.O.B.:	Driver's License No:		
I,	, (no title) residing at	÷	, and I,	
	, and I,			
	, for and in			

consideration of your extending at my request credit to _____

"Company"), hereby personally guarantee to you the payment at Eder Bros., Inc., in the State of Connecticut of any obligation of the Company and I hereby agree to bind myself to pay to you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. We do hereby waive notice to default and consent to any modification or renewal of credit agreement hereby guaranteed.

I agree to pay Eder Bros., Inc., in addition to the amount due for materials and services rendered, an overdue finance charge of 1 ½% per month, or 18% per year, on any balance remaining unpaid from the proceeding monthly billing period. I further agree, in the event of any balance is past due, that I/we agree to pay all costs and expenses of such action, together with reasonable attorney's fees.

Signature and Date:		Eder Witness Signature and Date:	
Print Name:		Print Name:	
Guarantor's Form of ID:	ID No:		
Co-Backer/Guarantor Signature and Date:		Eder Witness Signature and Date:	
Print Name:		Print Name:	
Guarantor's Form of ID:			
The backer jointly and severally agrees to the credit terms stated above. Signature and Date:			
Form of ID and ID No:		Print Name:	
Eder Witness Signature and Date:		Print Name:	
Original to be Returned to Eder Bros., Inc. for credit to be extended			



STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (S	eller)		Address		
EDER BROS., INC.		11 EDER RD.,	11 EDER RD., WEST HAVEN, CT 06516		
I certify that	Name of Fi	rm (Buyer)	is enga	aged as a registered	
	Street Address or P.O. Box No.			 () Wholesaler (X) Retailer () Manufacturer () Lessor 	
	City	State	Zip	() Other (specify)	
chases to new produ	us and that ct to be res	any such purchases a old, leased, or rented	re for wholesale, resal	ch your firm would deliver pur- e, ingredients or components of a f our business. We are in the o the following: State Registration or I.D. No.	
<u>CT</u>		State Projection		State Pegistration	

 City or state
 State Registration or I.D. No.
 City or State
 State Registration or I.D. No.

 City or state
 State Registration or I.D. No.
 City or State
 State Registration or I.D. No.

 City or state
 State Registration or I.D. No.
 City or State
 State Registration or I.D. No.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

FINE WINES AND DISTILLED SPIRITS

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature

(Owner, Partner or	Corporate	Officer)
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Title